



# Automated Dispensing Machine (Pyxis) User Confidentiality & Access Agreement

1- Select User Type (check only **one**)

**Nursing**

- Staff Nurse
- Nurse Manager
- Charge Nurse
- LVN
- GI Nurse
- HD/PICC Nurse

**Pharmacy**

- System Manager (Pharmacist)
- System Manager (Technician)
- Pharmacist
- Pharmacy Technician/Intern

**Independent Practitioner**

- Anesthesiologist (MDA)
- CRNA
- SRNA

**Other**

- Respiratory Therapist

**Time Dependent Nursing**

- Nursing Instructor
- Traveler Nurse
- Student Nurse (3<sup>rd</sup> & 4<sup>th</sup> semester)

- Access Ending: \_\_\_\_\_ (required)
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- Access Ending: \_\_\_\_\_ (required)

2 – Select Primary Work Location (check only **one**)

- Critical Care (ICU/CCU/SDU/Peds ICU)
- HOV (GI Lab, Imaging, Nuc Med)
- Labor & Delivery
- Perioperative areas
- Pediatrics
- OTHER: \_\_\_\_\_

- Emergency Department
- FCC/New Born Nursery
- Med/Surg
- Neonatal ICU
- Respiratory Therapist

I understand that my access to the Pyxis system is based upon satisfactory entry of my National User ID (NUID) and fingerprint / password. Accordingly, I understand that I must keep my NUID and password secure at all times. If I feel the integrity of my access has been breached in any way, I will report it to my manager immediately. I understand that I will be held accountable for all transactions executed with the use of my user ID. I understand that by accessing the system, all transactions will be electronically recorded and maintained according to law and medical center policy. If review of transactions reveals any improper use or negligence on my behalf, I understand that I may be subject to disciplinary action, up to and including termination.

Signature: \_\_\_\_\_ NUID: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Print Name: \_\_\_\_\_  
(Signature)

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**PHARMACY USE ONLY (SYSTEM MANAGER)**

Entered By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Initial Password will be provided to you)